PART B - FEE(S) TRANSMITTAL

.Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notification	below or directed otherwise ns.	in Block 1, by (a	a) specifying	a new correspondence addre	ss; and/or (b) in	dicating a sep	arate "FEE ADDRESS" for			
22195 7: HUMAN GENO		TP	E COS SOLES	` '	ertificate of M	ailing or Trans	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United states mail in an envelope above, or being facsimile date indicated below. (Depositor's name)			
•	•	VENT R	TRADEMA				(Signature)			
							(Date)			
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.			
09/902,705	09/902,705 07/12/2001			Bednarik	PF13	8P1C1	8314			
APPLN. TYPE	UMAN HYPOXANTHINE	ISSUE F		PUBLICATION FEE	TOTALE	EE(S) DUE	DATE DUE			
		L								
nonprovisional	NO	\$1330		\$300		630	12/21/2004			
EXAMINER ART U			T CLASS-SUBCLASS							
RAMIREZ	1652		536-023200	536-023200						
CFR 1.363). Change of correspond Address form PTO/SB/13 "Fee Address" indicates	e address or indication of "For dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Human Genome Sciences 1 The.								
	RESIDENCE DATA TO B	E DDINTED ON		·						
		elow, no assignee of this form is NO	data will app T a substitute	ear on the patent. If an assi for filing an assignment 10/2		d below, the d IE2 0000007	locument has been filed for 083425 09902705			
(A) NAME OF ASSIGN		(E	B) RESIDENC	CE: (CITY and STATE OR C	OUNTRY)	1370.00 DA	}			
Human Geno	me Sciences, I	nc.	Rocl	kville, MD 02 F	C:1504 C:8001	300.00 De	4			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the n	patent): 🗖 Individual 🔀	Corporation or o	other private gr	oup entity Government			
la. The following fee(s) are			. Payment of			1 3	,			
Issue Fee										
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.										
Advance Order - # of			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 8-3425 (enclose an extra copy of this form).							
	(from status indicated above									
a. Applicant claims Sl	MALL ENTITY status. See :	37 CFR 1.27.	b. Applic	ant is no longer claiming SM	ALL ENTITY s	tatus. See 37 C	FR 1.27(g)(2).			

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signatur

Typed or printed name

Melissa J. Pytel

Registration No. 41,512

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN LIEU OF PTO/SB/17 (10-04v2)
* Please note request to charge additional fees during the pendency of the application.

FEETRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

Name (Print/Type) Melissa

Signature

Pytel

Complete if Known

Application Number 09/902,705-Conf. #8314

Filing Date July 12, 2001

First Named Inventor Daniel P. Bednarik

Examiner Name D. M. Ramirez

Art Unit 1652

Attomey Docket No. PF138P1C1

TOTAL AMOUNT OF PAYMENT (\$) 1,682.00	Attorney Docket No. PF138PTC1										
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)										
Check Credit Money Other None	Credit Money Cibes Ness 2 ADDITIONAL EFFS										
X Deposit Account:											
Deposit	Large Entity Small Entity										
Account Number 08-3425	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Paid					
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	_	e - late filing fee or oath					
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	e – late provisional filing fee or cover					
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-Engl	ish specification					
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex parte reexamination					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804	920*	Requestir Examiner	ng publication of SIR prior to action					
X application additional fee(s) during the pendency of the	1805	1,840*	1805	1,840*	Requestir Examiner	ng publication of SIR after action					
FEE CALCULATION	1251	110	2251	55	Extension	for reply within first month					
1. BASIC FILING FEE	1252	430	2252	215	Extension	for reply within second month					
Large Entity Small Entity	1253	980	2253	490	Extension	for reply within third month					
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,530	2254	765	Extension	for reply within fourth month					
1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension	for reply within fifth month					
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of	Appeal					
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a bi	ief in support of an appeal					
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request f	or oral hearing					
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to	institute a public use proceeding					
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to	revive – unavoidable					
SUBTOTAL (1) (\$) 0.00	1453	1,370	2453	685	Petition to	revive - unintentional					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility issu	ue fee (or reissue)	1,370.00				
Extra Fee from <u>Claims below</u> Fee Paid	1502	490	2502	245	Design is	sue fee					
Total Claims = 0.00	1503	660	2503	330	Plant issu	e fee					
Independent= x = 0.00	1460	130	1460	130	Petitions	to the Commissioner					
Claims =	1807	50	1807	50	Processin	g fee under 37 CFR 1.17(q)					
Large Entity Small Entity	1806	180	1806	180	Submissi	on of Information Disclosure Stmt					
Fee Fee Fee Fee Code (\$) Code (\$)	8021	40	8021	40		g each patent assignment per times number of properties)					
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a st	ubmission after final rejection					
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each	additional invention to be (37CFR 1.129(b))					
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395		or Continued Examination (RCE)	\vdash				
over original patent	1802	900	1802	900	Request f	or expedited examination					
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		of a design application Publication fee for early, voluntary, normal publication 4 advance copies @\$3.00			n fee for early, voluntary, or iblication	300.00 12,00					
SUBTOTAL (2) (\$) 0.00		1,682.00									
**or number previously paid, if greater; For Reissues, see above substitution of the control of											
Or number previously paid, it greater; For Reissues, see above											

Registration No.

41,512

Telephone (301) 610-5764

Date

Application of: Bednarik, et al. Atty. Docket No.: PF138P1C1

Application Number: 09/902,705; Conf. #8314

Group Art Unit: 1652

Filed: July 12, 2001

Examiner: D. M. Ramirez

Title: Human Hypoxanthine-(Guanine)

Phosphoribosyl Transferase-2

TRANSMITTAL LETTER

MAIL STOP: ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Applicants submit herewith:

- 1. Return Receipt Postcard;
- 2. Form PTOL-85, "Part B - Fee(s) Transmittal" (1 page); and
- 3. Fee Transmittal with appropriate fees (1 page, in duplicate).

The U.S. Patent and Trademark Office is hereby authorized to charge any deficiency in the fees filed, or credit any overpayment, to our Deposit Account No. 08-3425.

Respectfully submitted,

Date: Oct. 20

Melissa J. Pytel Reg. No

Attorney for Applicants

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Rockville, MD 20850 Telephone: (301) 610-5764

KKH/MJP/mr